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**** CONTINUING DATA *******
 This application is a CIP of 10/602,804 06/24/2003 which is a CON of 09/442,207 11/16/1999 PAT 6,628,777 *yes R.S*

**** FOREIGN APPLICATIONS *******
NONE R.S

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 18	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>R.S</i>			

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TITLE
 Managing the selection of performance interventions in a contact center

FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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